

# THE Canadian Hospital

*A Monthly Journal for Hospital Executives*

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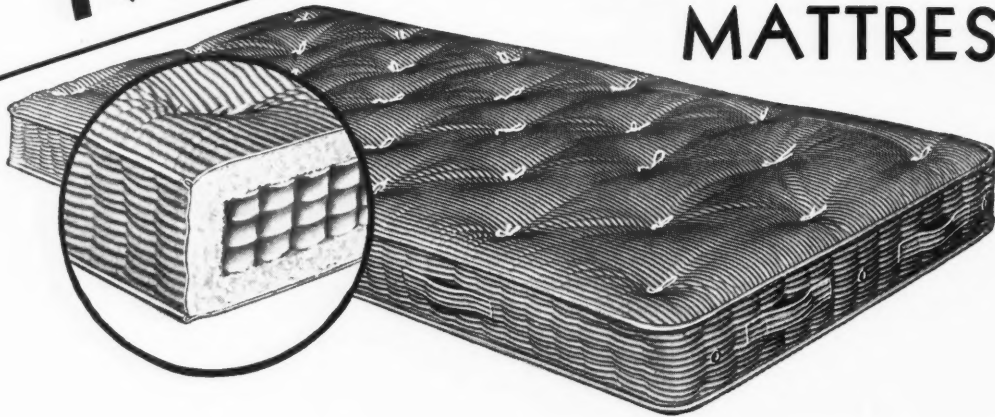
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# The Duties of a Nurse in the Preventive and Curative Treatment of Tuberculosis

By SISTER M. GONZAGA,  
St. Joseph's Hospital, Peterborough, Ont.

**I**N preparing this paper the idea has not been to write a learned essay or present an experienced discussion of the treatment of tuberculosis, but since the topic was to be in unison with the programme of the afternoon, the subject, "The Duties of a Nurse in the Preventive and Curative Treatment of Tuberculosis", was chosen as an appreciation of the work done by sanatoria in Ontario and by the leaders of the Anti-tuberculosis Association, and I feel since tuberculosis is a community problem that the nursing personnel of every general hospital must necessarily develop an attitude of ready and willing co-operation if the public is to be protected against the disease. Every nurse should be able to care for the patient intelligently and in so doing protect herself and others.

Knowledge is a basis for the advancement of civilization but civilization exists only to the extent that knowledge is applied. If the nurse is to co-operate with the medical profession in instructing the public she must first have a clear idea of the history of the disease. Moreover, familiarity with the disease process, and the preventive and curative methods are basic requirements in assuring a scientific attitude toward tuberculosis. Courage and will-power are indispensable allies to the patient for whom recovery depends upon a radical readjustment of his mode of living. These, in turn, can be derived from an intelligent understanding of the factors underlying treatment. Fear has no place in a tuberculosis programme of the highest order. Whenever found, it should be speedily displaced by knowledge.

Down through the ages the disease has claimed its victims, rich and poor. The great Greek physician, Hippocrates, described the typical features of the disease and in Shakespeare's day the "King's Evil", a form of tuberculosis, was supposed to be cured by the royal touch.

"Then you perceive the body of our Kingdom  
How foul it is; what rank diseases grow  
And with what danger near the heart of it.

It is but as a body, yet distempered  
Which to his former strength may be restored  
With good advice, and little medicine."

Tuberculosis baffled the most renowned medical men for centuries. We may truly say that it was not until the last century that any advance was made at all. The efforts to fight the disease had failed because of two unsolved problems. Is tuberculosis infectious? Is tuberculosis a local disease or does it affect the whole body? In 1863, the great French scientist, Louis Pasteur, assured the Emperor, Napoleon III, that his ambition was to arrive at the knowledge of the causes of putrid and contagious

diseases. His brilliant success in combatting the diseases of wines and of the silk-work industry suggested the thought, "What would be most desirable would be to prepare the road for a serious research into the origin of various diseases." The outcome of the research of Pasteur in fermentation and spontaneous generation was a transformation in the practice of surgery and it made possible the work of Villemin and Robert Koch. Villemin, a French scientist, proved that tuberculous matter injected into an animal could cause tuberculosis in that animal.

Koch, a German bacteriologist, discovered in that tuberculous material the cause, the tubercle bacillus, and that excretion from a patient, sputum or discharge from a tuberculous wound contained the seed. There are three types of tubercle bacilli, the human, bovine and avian. The human type, which is found in man, can be made to infect animals. This type causes by far the greatest number of cases in adults. The bovine type, which occurs naturally in cattle, may affect human beings, especially children, causing bone, glandular or intestinal tuberculosis. The frequency with which unpasteurized milk is used for feeding infants accounts for this type in humans. The tubercle bacilli and they only give rise to tuberculosis. The disease always has a direct relationship to the illness of some other person or animal. In other words it is infectious. The resistance of the potential patient is very important in determining whether he will develop tuberculosis or not. The disease in childhood is not hereditary but is usually due to infection from the mother at an early age.

Tuberculosis is a disease of civilized countries. Primitive people will not ordinarily suffer from it in their natural state, but if they come to a civilized country they are more susceptible to the disease than the inhabitants are, and so we have environment affecting people. Then we have social conditions which exist among the poorer classes such as overcrowding, under nourishment, lack of sunlight, overwork and overstrain, faulty recreation and exposure to weather, all predisposing factors. How does the tubercle bacillus gain entrance to the body? (1) By inoculation, which is uncommon, as it is seen mostly in post-mortem workers. (2) By inhalation, that is the germ is inhaled into the respiratory tract. This type is common in the adult. (3) By ingestion, the tubercle bacilli contained in infected food, such as milk, is swallowed and passes directly to the alimentary tract. This mode of transmission is common in the child who has been fed unpasteurized milk. Tuberculosis in children generally affects the bones and glands of the body more than the lungs or other organs, while in adults it affects the lungs. How does the adult become infected with the tubercle bacillus? It may be passed on from one adult to another but usually the disease, clinically, is due to lighting up of a dormant infection. Throughout our lives we

An address before the Convention of the Ontario Hospital Association, Toronto, October, 1933.

are all exposed to infection. Many of us develop tuberculosis processes in some part of our body but owing to bodily resistance or immunity we do not develop the actual disease. The Von Perquet test is used for diagnostic purposes. It answers the question, has the patient ever been infected with the tubercle bacillus? It does not tell us whether the disease from which the patient is suffering is clinical tuberculosis. Although there is no scientific preparation for the effecting of active and passive immunity in tuberculosis, as in the case of diphtheria and scarlet fever, the intelligent use of the scientific laws known about the cause, the modes of transmission and the treatment of the disease, themselves, act as immunity.

#### Preventive Treatment

Every nurse should be a public health nurse. We no longer feel that she has given the highest type of service, while caring for the sick, unless at the same time she has been able to carry on preventive measures and do effective health teaching. May we speak for a few moments of the public health work in our community?

The student nurses of our hospitals, by the courtesy of the Public Health Association, are given an opportunity to take part in the public health programme. They spend one month with the graduate nurse visiting the patient in the home and attending the weekly tubercular clinic. In this way they have procured a knowledge of social conditions and realized the necessity of the segregation of infectious cases, of health-teaching, and the periodical examination of contact cases. Most of us can understand how a specific serum can prevent a disease but it is difficult to realize that for tuberculosis, since we have no preventive or curative drug or serum, correct information may be just as preventive or curative as the serum or drug. There is in progress an irresistible movement toward preventive medicine in the conservation of personal health to supplement the procedure of purely curative medicine, and in this movement the nurse plays an important part as social service and public health teacher. She is a most influential educator entering the home, the industrial plant and school. We will consider for a few moments the aims and duties of the public health nurse in the nursing profession. (1) To interpret the patient to the physician. (2) To find social causes of illness. (3) To remedy social affects of illness. (4) To modify social conditions for the prevention of illness. The social service worker secures the regular observation of cases of the disease and aids in bringing about the examination and control of contact cases. When patients, who are to be cared for in the home, may need special provision for rest and diet, which their financial circumstances would not permit, the aid of the family welfare agencies is sought so that optional conditions are secured for healing the infection. The aims of the Anti-tuberculosis Association are: (1) Segregation of open and infectious cases in sanatoria. (2) The finding of early contact cases through diagnostic service. (3) Education of the public through many services, such as diagnostic chest clinics, the doctor and nurse, for knowledge of the occurrence of tuberculous infection in the community and of the conditions that favour its spread is the basis of all effective efforts to control the disease. The public health nurse aims to protect the health of the public. The service is the result of com-

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*Every nurse should be a public health nurse. There is in progress an irresistible movement toward preventive medicine, and in this service the nurse should take a leading role as public health teacher.*

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munity thinking about community health. She tries to instruct the family in health needs, to interpret the family findings and recommendations of the physicians. The success of the nurse depends upon her ability to translate into the language of every home she enters the scientific facts about tuberculosis, that is its cause, modes of transmission and the treatment ordered by the doctor. She tries in each family to bring knowledge and practice together. The nurse in the future should have a greater knowledge of the disease than she has had in the past and a much greater knowledge of family and community problems. Those who attempt to educate others must continually expand their own knowledge. The medical and nursing professions, which have always been in need of mutual understanding, to-day, know that they must work together if preventive and therapeutic medicine is to attain its full usefulness.

Trudeau's great love for suffering humanity, his hard work and enthusiasm brought to light the healing power of the sun, rest and fresh air. The tuberculous patient is not different from any other sick human being, but the disease and its treatment are different. We have a chronic infection where the patient has to spend a good portion of the day in bed, as the price of the cure is time, patience and rest. Since time and patience are the scientific factors it is necessary for the nurse to grasp the mental attitude of the sufferer and use her practical knowledge of psychology. It is said that fear in some form affects the lives of all, and the fear of illness, pain, and death cannot be met along the lines of physical science. Here the nurse will probably play a large part because of her intimate relation with the individual patient. She should interest herself in the patient's welfare, gain his confidence and try to help him to overcome this habit of letting his mind dwell continually on his symptoms. This may be done by reading to him, arousing his interest in some hobby or branch of occupational therapy, as permitted by the physician. While it may be advisable to restrict visitors sometimes a few refreshing friends are permitted by the doctor. We cannot separate the soul from the body; peace of mind and contentment are important factors in the treatment. Mental rest as well as physical is necessary to build up resistance. The nurse should also remember that most tubercular patients are well informed regarding their condition and she may find him dictating, suggesting changes in routine, but if she is tactful and co-operative things should adjust themselves.

Since it is usually the adult type of the disease in which the services of the nurse are most frequently sought in

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*As the treatment of tuberculosis consists principally of rest, fresh air, adequate diet and hygienic environment, their conscientious application by patient and family is an important criterion of the nurse's service.*

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the home, pulmonary tuberculosis will be our major concern in this discussion. It is generally agreed that the sanatorium is the most satisfactory place for the majority of patients. There are, however, a number of instances where adequate provision can be made for care in the home, and so the challenge to the nurse becomes one of providing a schedule in the home as nearly like that of the sanatorium as is possible. At the present time the treatment and prevention of the disease consists largely in the application of the fundamental principles of hygiene under the direction of a physician. The most important of those principles are rest, adequate diet, fresh air, sunshine and hygienic environment. Their conscientious application by the patient and the family is an important criterion of the effectiveness of the nurse's service. The first essential, therefore, in planning for the care of the patient is the selection of the room.

The ideal is a room with a sleeping porch facing the southwest. This location will protect the patient from severe north and east winds and provide the necessary sunshine. The room should contain only the essentials. Carpets, unnecessary furniture and pictures should be removed. All dusting should be done with a damp cloth. The room should not only be airy but bright with a pleasing prospect. This will have its affect on the nurse as well as on the patient.

The bath, to the well-trained nurse, is of paramount value in the daily care of a patient. This is true in most illnesses but in the case of the tuberculous patient a daily bath is fatiguing and in some cases lowers the resistance. The physician in charge regulates the activity of the patient and it is the duty of the nurse to carry out the physician's orders in this respect as accurately as he would measure a dose of medicine. In the treatment, the doctor is aiming to repair tissue, and the materials are food and air. Fresh air has a beneficial effect upon the lung tissue itself and is a tonic to the entire body through its stimulating effect on the skin. If a porch is not available satisfactory air conditions can be maintained by opening the windows, at the top and bottom, except during the bath and meals in extreme weather. When no special orders are given, the nurse should see that proteins, carbohydrates, fats, oils, minerals, water and vitamins are taken in a balanced ratio and in sufficient quantity. Milk is an invaluable article of diet because it contains the foregoing principles, and is usually enjoyed. The patient must have an appetite in order to digest food. Can the nurse help the patient's appetite?

The dishes must be clean and neatly arranged on the tray

with a small quantity of appetizing food. We say a small quantity because if the patient has to ask for more he thinks that his appetite is improving and is encouraged. If the nurse can remain, she keeps up a cheery conversation, which aids digestion; if not, the patient must be left satisfied and comfortable.

The exposure of the patient to the direct rays of the sun should be given only upon orders of the doctor. On the other hand there can be no objection to plenty of sunlight in the patient's room. Accurate record of the patient's temperature, pulse and respiration should be kept, these are extremely significant to the physician in determining the status of the disease.

#### Must Educate the Patient

The education of the patient and the family contacts is one of the most important duties of the nurse. They must be told how the disease is spread and that the patient must expectorate into a gauze or sputum receptacle and that coughing into the bare hand under any circumstances is a dangerous habit. Besides the proper disposal of the sputum the use of antiseptics is important. The nurse and the family must be protected from the danger of infection through the indirect method, as in the case of septic hands, door knobs and in general anything handled by the patient. They must realize that sputum may contain tubercle bacilli at one time and not at another and that the unprotected cough is the chief source of danger to others. That tuberculous enteritis is a complication usually arising from an infection of the bowel by the sputum which the patient has swallowed. The patient must learn the value of a well-regulated life, a hard lesson, especially difficult when he becomes a quiescent case.

Until he can learn that lesson he is in constant danger of relapse of a more or less serious nature. The nurse must help visualize his horizon and teach him to live or work happily within his limitations. What is true of the patient and family is equally true in the protection of the nurse. If she is a conscientious practitioner of the fundamental principles of personal hygiene and has been successful in getting the patient to carry out her instructions, the danger of infection is practically nil. Hæmorrhage may occur at any stage of the disease. The patient and family will need every reassurance the nurse can give at this time. As to treatment, she should follow the physician's orders. In the meantime, when the hæmorrhage is profuse, the patient should be placed on a bed-rest, or pillow, at an angle of about 45 degrees, so that expectoration will be facilitated and exertion reduced to a minimum. Absolute limitation of body motion and mental activities must be secured. Crushed ice may be given in small quantities to alleviate thirst. All expectorated blood should be removed from sight immediately to avoid any possible psychological effect on the patient.

Children differ from adults in that they require watching more than nursing. The child may be taken care of (1) by training, (2) by watching, (3) by restraining. When an adult is suffering with bone or joint tuberculosis, in cases where plaster jacket and splints are applied the nurse should be very careful of pressure sores. It is also necessary to be familiar with the method of applying extension to the hip and of managing a patient who is in extension.

(Continued on page 26)



## Inexpensive Method of Duplicating Typewritten and Drawn Forms for Hospital Use

By EDNA VAN VALKENBURG,  
Brantford General Hospital, Brantford, Ont.

THE "Hektograph" is an economical method of duplicating typewritten forms, drawn copy, and so forth, and will be found very useful by a large number of persons engaged in hospital work, especially in a hospital, with a training school. Examination papers, notices, circular letters, diets, and illustrated charts, can be quickly and easily made with the use of the Hektograph, thereby saving a great deal of time.

The Hektograph set may be purchased from the United Typewriter Company, Limited, and consists of a pan 14" x 8½" x ½" with lid, gelatine compound, Hektograph ink and special Hektograph ribbon. Carbon paper is also available and is extremely useful. This set is inexpensive and lasts for a long time, except that it is necessary to renew the gelatin compound from time to time. If you wish to keep the cost as low as possible, you may make your own compound as follows:

- 2 boxes Knox gelatin
- 1 pint glycerin
- 1½ c. cold water

*Method:*—Heat glycerin in double boiler until hot. Dissolve gelatin in the cold water and add to glycerin. Leave on stove at low heat until all particles are dissolved. A scum will form on the liquid and should be removed before pouring into pan. Be sure the pan is placed on a flat surface and do not move until the jelly has set. It may then be put in refrigerator, and at the end of two hours will be ready for use. If the outfit is in constant demand, make double the recipe, storing surplus in wide mouthed bottles, when the composition is worn through, reheat, add enough jelly from bottles to fill pan, being sure all bubbles are removed from the surface.

### Preparation of Master Copy

The original copy can be written on the typewriter using the special Hektograph ribbon, carbon paper, or with a pen using the special Hektograph ink. In the majority of cases the carbon paper is the most satisfactory. In all cases be sure and use a HARD-FINISH BOND PAPER for making the master copy and if ink is used it must be thoroughly dry. Do not use a blotter. Before using the duplicator, wipe with a moist cloth, place the original face down on the pad and smooth over carefully. Allow the original to remain down for one or two minutes, remove and place sheets down one at a time over the surface, rub carefully with a clean cloth and pull off with as little delay as possible. From thirty to seventy-five copies may be made from one master copy.

If it is necessary to use the set again immediately, wash the gelatin carefully with warm water, rinse with cold water, and dry with a soft cloth. When the last copy has been made, it will not be necessary to wash the gelatin if it is not to be used within the next 24 to 48 hours. At the end of that period the letters sink to the bottom of the

composition and do not interfere with the new copy. This is a great saving on the gelatin. When washing the outfit a rubber glove may be worn as the ink stains the fingers. Alcohol will remove ink stains from the hands.

*Important:*—If the weather is warm and the tray with the compound has been standing in a hot place: 1—Do not moisten composition with a sponge. 2—Rub the original very lightly and do not leave it on the composition more than a second or two. 3—Rub the duplicate sheets very lightly and remove from composition at once. If the above instructions for use in hot weather are not carefully followed, the sheets as they are removed from the composition will pull it with them, and ruin the surface. The pan and contents should be kept in the refrigerator during the hot weather.

If copies duplicated in this way, are exposed to the light, they will in time fade, therefore instructions which are more or less permanent should not be Hektographed, or if they are it will be necessary to renew them frequently.

### Toronto Academy of Medicine Presents Historical Record

Very old bleeding bowls which recall the days when blood-letting was a common treatment, and the microscope and slides with which, in Toronto, Sir William Osler did his first work in natural history, are included in a historical museum which the Toronto Academy of Medicine has arranged to mark a century of medical progress in this city.

The academy also celebrated the centenary by a reception and a pictorial review of the century's medical landmarks, entitled "Historical and Hysterical Medicine," in Hart House Theatre. The review included a motion picture reproduction of the administration of the first anæsthetic, and caricature sketches of some prominent contemporary medical men, drawn by Dr. Harvey Agnew and Sir Frederick Banting, were shown on the screen.

A large collection of interesting material has been placed on display in the historical museum at the Academy, 13 Queen's Park. It was arranged by a special centenary committee, under the chairmanship of Dr. Robert T. Noble, which was appointed by the Academy to arrange an historical record.

Among the specimens are many old-fashioned medical appliances, some of them very crude, and surgical instruments used in the pioneer days. There are numerous relics of the late Sir William Osler and some of the glass cases contain the diplomas, prescriptions and notes of outstanding early physicians. The skull which Dr. John Rolph used in teaching at Toronto's first medical school is also in the collection.



# ACTUAL demonstrations of what we have always advertised!

**CORN SYRUP DIET.**  
SAC CITY, Ia., June 12.—(A.P.)—The Wycoff quadruplets are thriving today on a diet of corn syrup and milk in makeshift incubators provided by the attending physician. Dr. G. H. Swearingen, who delivered the four tiny infants, said the babies are showing marked improvement and weigh them during the day. They have not been weighed since shortly after birth on Saturday.  
The ration of the babies has been increased to an average of about two teaspoonfuls of the corn syrup-milk mixture every hour. At first it was only a few drops.  
Gifts of food and clothing which enable the father, Larry Wycoff, to provide care for his children poured in upon the Sac County highway worker. The arrival of the quadruplets on Saturday increased the number of his children to nine. Dr. Swearingen to whose home the infants were removed yesterday looks upon his young charges with unconcealed pride. Nearly a body in Sac City has expressed a desire to see them.

**BABY QUINTUPLETS GAIN IN STRENGTH AND SET RECORD**  
Corbeil, Ont., May 30.—More than 60 hours old, the Dionne quintuplets were still gaining strength tonight and setting up a record for longevity that doctors who had predicted they would die soon could not understand.  
Coming to the aid of Dr. A. R. Dafee and a staff of helpers in their efforts to keep the tiny baby girls alive is an old-fashioned incubator into which the tiny infants will be moved.  
The babies continued to accept their milk, corn syrup and water through an eye-dropper and water. It was a full-time job today and their attendants. It takes so long when they are hungry again.  
Mrs. Dionne was well enough to receive newspapermen in the afternoon of her simple farm. She received them the first pre-turbid, a pink blanket from the hospital of Sudbury. George Henry has sent and the \$10 donated by F. Hepburn, Ontario.

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standing leaders  
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**CROWN BRAND CORN SYRUP**  
 and  
**LILY WHITE  
 CORN SYRUP**  
**THE CANADA STARCH CO. Limited**

## The Nature and Use of Detergents in the Kitchen

By IRVING ARDRON,

Steward, Restaurants, The Robert Simpson Co. Limited, Toronto.

**K**ITCHEN cleaning operations include the washing of chinaware, cutlery, glass, pots and pans, wooden tables, tiles, paintwork, metal stoves and tables, burnishing silverware and mopping floors, etc. This involves the removal of foreign matter, food stains and tarnish from silverware, grease film from china and glass, and hard burnt on accumulations of fruit juices and fats from stoves and pots and pans. The kitchen floor, whether made of terazzo, tile or concrete, is a problem in itself demanding incessant care to maintain it from hour to hour in a presentable condition.

In the larger establishments, machines have been installed to do certain classes of work, notably to wash dishes, glassware and cutlery. These machines, together with a suitable detergent, tend greatly to lighten labour and speed up service by simplifying operations. Unless a detergent is chosen that fully meets the needs of a particular situation, such as hardness of water supply, its temperature and availability, all mechanical perfection will be unavailing. Similarly, in such apparent simple operations as scrubbing floors and tables, the selection of a detergent will make or mar the process.

Ordinary common soap is in general use to-day for nearly all cleaning purposes.

Originally, soapmaking was practiced in every household, and even to-day is carried on in the rural areas of every country where the benefits of soap are realized. The old method is that of boiling the renderings of animal fats with the leaching of wood ashes. Wood ashes are first put into a barrel and water is allowed to soak through them. The resultant liquid, rich in potash salts, is strongly alkaline, and is boiled with the fats until a consistency is reached which will ensure hardening when the product is cooled. This is known as saponification.

### Many Varieties of Soaps

By modern methods soap can be made from nearly every kind of animal and vegetable fat or oil in combination with an alkali. Animal fats constitute the bulk of raw materials, and are chiefly derived from cattle, sheep and hogs. Vegetable oils include palm oil, olive, cottonseed, corn, peanut and soya bean oil.

The principal source of alkali is caustic soda, although caustic potash is used for making some soft soaps.

All fats and fatty oils used in soap making have the same general chemical composition. They are combinations of glycerine and organic acids known as fatty acids. The properties of any given soap depend upon the properties of the various fatty acids naturally present in the fat from which it is made.

In the process of soap making to-day in modern plants fat is pumped from storage tanks into huge cauldrons fitted with steam coils. Caustic is then run in and the contents are boiled together. When the fat is thoroughly

saponified, the boiling mixture is broken up by the addition of common salt. As soap is insoluble in salt water, the addition of sufficient quantities makes the soap separate from the excess water present. The water, which contains most of the added salt, excess dirt, caustic and colouring matter which has separated from the fat, and glycerine split from the fat by the action of the caustic, is known as spent lye. This is allowed to settle out. The soap is then boiled up and allowed to settle with a definite moisture content, free from impurities and ready to be made into the finished products familiar to the retail trade.

### Cleaning is Complex Problem

*Soap Chips*—The hot kettle soap is pumped to the mixers for the addition of alkali agents, and then to chilling rollers where the viscous soap is converted into continuous flat ribbons and fed into the dryer.

*Powdered Soap*—Chip soap is fed to a disintegrator where the soap is ground to a uniform fineness. In this process it is re-dried and the moisture content is reduced. Dry alkali agents are sometimes added, before grinding to assist in cutting grease.

*Cleansers*—Abrasive cleansers are made by blending powdered soaps, detergents and fine abrasives in a mixer.

The subject of detergents and the removal of soil presents a complex problem by reason of the wide variety and nature of dirt to be disposed of. Soluble soils, such as sugar and many other foodstuffs, are easily removed by the action of plain hot water. Insoluble solids, consisting of tobacco ash, vegetable and other food materials, must be moved by the formation of suspensions of these materials in water.

Soap solutions have the ability to separate the insoluble materials from whatever they may be adhering to, and suspend them, so they may be easily flushed away. Soap solutions have the further property of emulsifying grease. This emulsification consists in breaking up the grease into particles and surrounding each particle with a layer of soap solution which prevents them from coming into contact with each other or with other material in the wash, and whilst suspended allows them to be readily sluiced away along with the solid particles.

In dishwashing tanks, the concentration of the suds will depend firstly on the quantity of the detergent used, and secondly on the volume of work done, for as the emulsification of grease increases the detergent qualities of the washing solution decreases until the point is reached when more detergent must be added to ensure perfect cleansing.

While soap itself is a good detergent, there are times and situations which demand the addition of alkaline materials to enable it to perform more satisfactorily its detergent functions. In localities where hard water only is available, and practically all water has some degree of hardness unless softened by artificial means, the water it-

From an address before the Convention of the Ontario Dietetic Association, Toronto, April 27th, 1934.

self will be found a big consumer of soap. The lime in hard water will combine with the soap to produce a slimy insoluble substance which will adhere to the sides of the machine and the baskets, and eventually soil the articles in the wash. Under these conditions, it is inevitable that the detergent qualities of the soap must be supplemented by an alkali.

An alkali is a material that will neutralize acids, and the fatty acids of food waste on tables and dishes are the obstacles to be overcome.

The raw material of alkali manufacture is common salt in some modified form. The basic alkalies are few and can be easily enumerated, Baking Soda, Soda Ash, Modified Soda, Caustic Soda, Tri-sodium Phosphate, Borax, Silicate of Soda and Metasilicate. From this list of basic alkaline materials, innumerable trade-marked and patented detergents and soap builders are made. These products are usually two or more alkalies ground to a uniform texture, sometimes coloured and even perfumed, and are represented by persevering salesmen as possessing remarkable qualities, unequalled by any other combination, and retailed at fancy prices.

It is generally conceded that where hard water is used, tri-sodium phosphate (commonly called T.S.P.) acts as the best chemical water softener. It is recommended to all laundry operators for this purpose, and it is equally valuable to dishwasher operatives. In the proportion of  $\frac{1}{2}$  lb. to 25 gallons of water, tri-sodium phosphate will provide the initial soft water condition for efficient washing, and enough alkalinity to neutralize the fatty acids on soiled dishes over a two hour dish washing period, working

continuously, without any soap whatever, or the addition of any detergent. The action of this alkali in hot water solution is to incorporate itself with the grease to be removed, automatically form its own soap suds suspensions, floating off foreign matter to be finally washed away by the forceful action of the machine.

T.S.P. is just as successful in the glasswasher in slightly stronger solutions.

As a silver detarnisher, T.S.P. in hot water solutions, in a vessel containing aluminum, or in an aluminum pot, it is unequalled for cheapness and efficiency.

T.S.P. and an equal quantity of soap chips, with hot water added and stirred together will, on cooling, provide a stiff soap jelly, suitable for all kitchen scouring purposes, and effect a tremendous saving in soap chips.

#### Promotions of Staff Members at University of Toronto

Among the promotions of members of the staff by the Board of Governors of the University of Toronto announced on June 5th by President H. J. Cody are the following: Dr. Ray F. Farquharson, senior demonstrator in clinical medicine to be assistant professor in medicine and head of the department of therapeutics; Dr. Samuel Johnson, to be associate in charge of anaesthesia; Dr. N. E. McKinnon, to be associate professor of hygiene and epidemiology; Dr. W. F. McPhedran, to be assistant professor in medicine and clinical medicine; A. R. Gordon to be associate professor of chemistry; Dr. E. Horne Chaigie, to be associate professor of biology; F. P. Ide, to be lecturer in biology.

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## A Brief History of the Public General Hospital, Chatham, Ontario

The Public General Hospital Society of Chatham was organized in the year 1889. The Board of Trustees consisted of seven members elected by the society at their annual meeting. This society was formed without capital stock and is organized for benevolent and charitable purposes exclusively.

The hospital was built by free gifts contributed mainly by the citizens of Chatham and one bequest by the late William Sherwood. The corner stone was laid by Prof. Goldwin Smith, D.C.L., on October 21, 1891.

The hospital is most favorably situated on the north bank of the River Thames, west of the city, is easily accessible and yet sufficiently removed from the disturbing noises of the city. A large lawn surrounds the buildings, on which are beautiful shade trees and shrubbery, which affords great pleasure to the convalescent patients during the summer season.

Dr. T. K. Holmes organized the medical staff of the Public General Hospital and performed the first surgical operation. He took a keen interest in the hospital ever since its inception, and although retired from active practice, Dr. Holmes lectured on surgery to each class of nurses up until a few years before his death.

Mr. Hugh Malcolmson was the first chairman of the Board; Mr. T. K. Mackeand, secretary, and Mr. S. F. Gardiner, treasurer, and Miss Isabella Johnston the first superintendent. Mrs. John Garner was the first president of the Ladies' Assisting Society.

The Public General Hospital opened its doors for the admission of patients early in the year 1892, with a capacity of about twenty beds for patients and nursing staff. The most modest equipment was provided to carry on the nursing care of patients, and the nursing staff consisted of one graduate and two student nurses.

New buildings and additions have been constructed, as follows:

In 1907—the Maternity Wing, an addition of twenty-five beds was built.

In 1916—operating rooms rebuilt.

In 1922—erection of fine new fireproof building, total accommodation of forty-two beds, one floor completed. This building contains kitchen, nurses' dining room, class room, refrigeration plant, heating plant and store rooms.

In 1927—erection of fine new Nurses' Home with accommodation for thirty-three nurses. This building provides large recreation room and kitchen in basement, two living rooms, one on first and one on second floor.

Along with these additions very many fine and up-to-date pieces of hospital equipment have been added from time to time, all contributing to the comfort of the patient and adding to the efficiency of the service rendered.

The demand for hospital service has grown, and the hospital bed capacity equipment and nursing staff have been increased in an effort to meet this demand. There is still room for further expansion. The present capacity of the Public General Hospital is one hundred beds. The nursing staff is composed of superintendent, seven graduate nurses, and thirty-five student nurses. Two dietitians maintain a highly satisfactory dietary service.

In the forty-two years of hospital existence a very valuable service has been rendered to the community.

Some three hundred and sixty nurses have graduated. Several of these nurses saw service in France during the Great War, and many of the graduates of the Public General Hospital are holding positions of responsibility in different parts of the world.

## The Elgin County "Book of Remembrance" is Splendid Memorial

The Memorial Hospital in St. Thomas is the city's Great War Memorial. The large hall at the entrance to the hospital is called "The Memorial Hall." Facing the entrance are the beautiful stained glass memorial windows, bearing the inscription "In loving memory of those who died, and in grateful tribute to those who daring to die, survived." On the walls on either side of the windows are the bronze "Roll of Honour" tablets with the names of the Elgin County men who made the supreme sacrifice. In the centre of the hall directly in front of the memorial windows and flanked on either side by the bronze "Roll of Honour" is a large glass case bound in bronze wherein rests on blue velvet "The Elgin County Book of Remembrance."

This book was compiled by the ladies of the Regimental Chapter of the Imperial Order Daughters of the Empire, St. Thomas, and was a gift from them to the city of St. Thomas and county of Elgin, in grateful tribute to the men and women of Elgin County who enlisted for service in the Great War, so that their names and services be never forgotten.

The covers of the book are of thick solid oak, backed by pig-skin, and have two bronze bands with locks and keys. In the centre of the front cover is a replica of the Canadian Expeditionary Force badge carved from a solid piece of bronze. The leaves of the book are of real lamb-skin, or vellum, and are 18" x 12", and there are about 500 pages. On the title page is a superb copy of the Canadian Coat of Arms done in full colours and pure gold and silver. Then follow two magnificent title pages—the first one says, "They served, we will remember them." This also is embossed in triple-ply gold leaf. The second dedication page is in black and gold and bears the inscription: "This book commemorates the names and services of the men and women of Elgin County who served Canada and the Empire with self-sacrifice, steadfastness and bravery in the Great War for freedom and public right 1914-1918." At the bottom of the page is the design of the maple leaf, rose, thistle and shamrock. On the other side of the page is the simple inscription "They were a wall unto us both by day and night."

Then follow the pages of the records of service. Each record is hand printed in large black lettering with a decorated coloured line between each record. Each record contains the person's name, decorations, regimental number, rank, parentage, date of enlistment, battalions served with in Canada, Great Britain and the field of war, battles fought in, at what battle wounded or killed and the date of death, or the date of discharge from service—thus forming a complete record of service. There are over 2,250 records.

The book took over four years to complete—over two



years in the compiling of dates, and over two years for the printing and assembling of the book. The work was executed by the old firm of Morris & Company of London, England, and the lettering done by a renowned English expert on hand lettering, who is doing now the lettering for the Canadian "Vimy Ridge Memorial."

## Coming Conventions

Hospital Association of Nova Scotia and Prince Edward Island, Charlottetown, Aug. 29-30th.

Ontario Conference of Catholic Hospital Association, Kingston, Aug. 29-30-31st.

American College of Hospital Administrators, Philadelphia, Sept. 22nd.

American Hospital Association, Philadelphia, Sept. 24-28th.

American College of Surgeons, Boston, Oct. 15-19th.

Ontario Hospital Association, Toronto, Oct. 24-26th.

## Down Bros. Ltd. Establish Canadian Branch

Our readers will be interested to know that Down Bros. Ltd., the well-known English manufacturers of surgical instruments and hospital equipment, have recently opened a Canadian office and showroom at 143 College Street, Toronto, with Mr. R. H. Wilkinson, their Canadian representative, in charge.

Down Bros. Ltd. have been manufacturing surgical instruments for the past sixty years and have gained their present world-wide reputation through maintaining the superior quality and high standard of workmanship of their products, and it is interesting to know that they are one of the few houses where instruments are made by hand.

More than ten years ago, Messrs. Down Bros. foresaw the present day demand for stainless steel instruments and hospital equipment, and after much pioneer and research work, they report that they are now able to manufacture nearly 90% of their products in this metal.

They have in their showrooms a very comprehensive range of surgical instruments and apparatus, including many of the most recent designs attributed to surgeons on both sides of the Atlantic.

## A New Booklet on Sutures

Davis & Geck, Inc., Brooklyn, have issued a new booklet entitled "One Year's Research." Numerous investigations have been carried out during the past year in their laboratories relating to the various processes involved in the preparation of raw catgut, and exhaustive studies have been made of the tensile strength and absorptive properties of sutures developed and prepared by different methods. The results of these and other investigations will prove instructive to all those interested in suture performance.

For true happiness there must be a deep and abiding reconciliation with circumstances.

—Sir Robertson Nicoll.

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As tightly as you please and for as long as you please, compress a handful of Genuine Curled Hair. An examination of this product when compression has been released, will show it not in the least affected. It will have retained in full measure all the lively resiliency that goes to make it the perfect mattress filler.

Even a steel spring of finest temper will in time take on a permanent set, but Sterilized Curled Hair, after thousands of compressions and expansions, retains its original resiliency—not only yielding perfectly, but coming back perfectly, any number of times for any number of years.

## Sterilized Curled Hair

has no substitute as a mattress filler



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## Hospital Aid News

*"And ye shall succor men;  
'Tis nobleness to serve;  
Help them who cannot help again;  
Beware from right to swerve."*

—Emerson.

BRAMPTON.—A very delightful tea was given at the home of Mrs. J. H. C. Waite recently, at which Mrs. Rhynas was guest speaker. On June 21st a garden tea on the hospital grounds was held, the Hospital Aid members being hostesses. Doctor John Ferguson of Toronto was the guest speaker.

\* \* \*

BRANTFORD.—The annual Rose Day campaign was conducted recently, when energetic young women solicited buyers of pretty red roses to assist the funds of the Aid. Very complimentary comments have been received by the Provincial Association for the greetings sent out to the graduating nurses of 1934, also the toast to hospital service.

A very beautiful corsage bouquet was presented to Miss Daisy Bridges from the Provincial Hospital Aids Association, during a tea held at the Nurses' Home, Brantford, recently, as a greeting to this distinguished guest from the Florence Nightingale Nurses' Home, London, England. Miss Bridges is here to bring greetings from the Motherland to the Nurses' Convention being held in Toronto shortly.

\* \* \*

KINCARDINE.—The Hospital Aid assisted very materially in the celebration of National Hospital Day. Notices were sent to the clergy, and messages were given from the pulpit regarding the significance of the day. Free transportation to the hospital was provided the citizenship, as the hospital is one mile from town. The response to the invitations sent out was most gratifying, when large numbers of the citizens of the town and surrounding communities availed themselves of the privilege of seeing through the hospital and enjoy a chat and cup of tea with the staff and Aid members.

A message of sympathy was sent recently from the Provincial Advisory Committee to Mrs. A. A. Affleck of London, who recently suffered the bereavement of her brother's passing.

\* \* \*

KINGSTON.—The Provincial President was hospitably entertained at the Nurses' Home, Kingston General Hospital, on the evening of May 22nd, when tea was served by the Superintendent and her efficient staff. During the evening Mrs. Rhynas addressed the assemblage, which comprised the officers and members of the General Hospital Aid, representatives from Hotel Dieu Hospital Aid and others. Kingston Hospital Aid has a splendid history of service to its hospital.

SEAFORTH.—The Hospital Aid is planning a garden tea, when it is expected a large number of town citizens and those from the surrounding district will attend.

We are pleased to learn that Mrs. Holmes, the President, is improving in health after a long illness.

\* \* \*

SMITH'S FALLS.—The Provincial President visited the Aid here recently and addressed two meetings, when much enthusiasm and inspiration was in evidence. The Smith's Falls Aid is doing splendid work. This Aid functions in church groups, each group having a convener and doing a particular work for the hospital in each group.

Miss Bliss is the efficient Superintendent of the General Hospital. Her father was Senior Archdeacon of the Anglican Church of Smith's Falls. Some years ago Miss Bliss gave outstanding overseas service.

\* \* \*

STRATFORD.—The Stratford General Hospital held their graduating exercises on June the 20th in the open air theatre on the river bank. It would be difficult to find a more unique and inspiring function of the kind. Stratford is indeed fortunate in having this admirable and attractive place on the edge of Stratford, on the Avon River, which affords such scope for a function such as this.

Judge Killoran presided during the exercises. Dr. David Smith addressed the nurses. Rev. Chas. S. Oke made the dedicatory prayer. Miss A. Munn, Inspector of Nursing Schools, presented the pins and diplomas. Mrs. A. C. McLeod, President of the Stratford Aid, presented gift books to the members of the class. Mrs. Meakins, wife of the chairman of the Board, presented a scholarship. Scholarships were also presented by members of the Medical Association and Nurses' Alumni. Mrs. Rhynas, Provincial President, gave an address and presented personal greetings to the graduating class. Four little flower girls, who presented flowers to the graduating class and Mrs. Meakins, Miss Munn, Mrs. McLeod, and Mrs. Rhynas, made a dainty picture for the camera man, who had them pose for pictures.

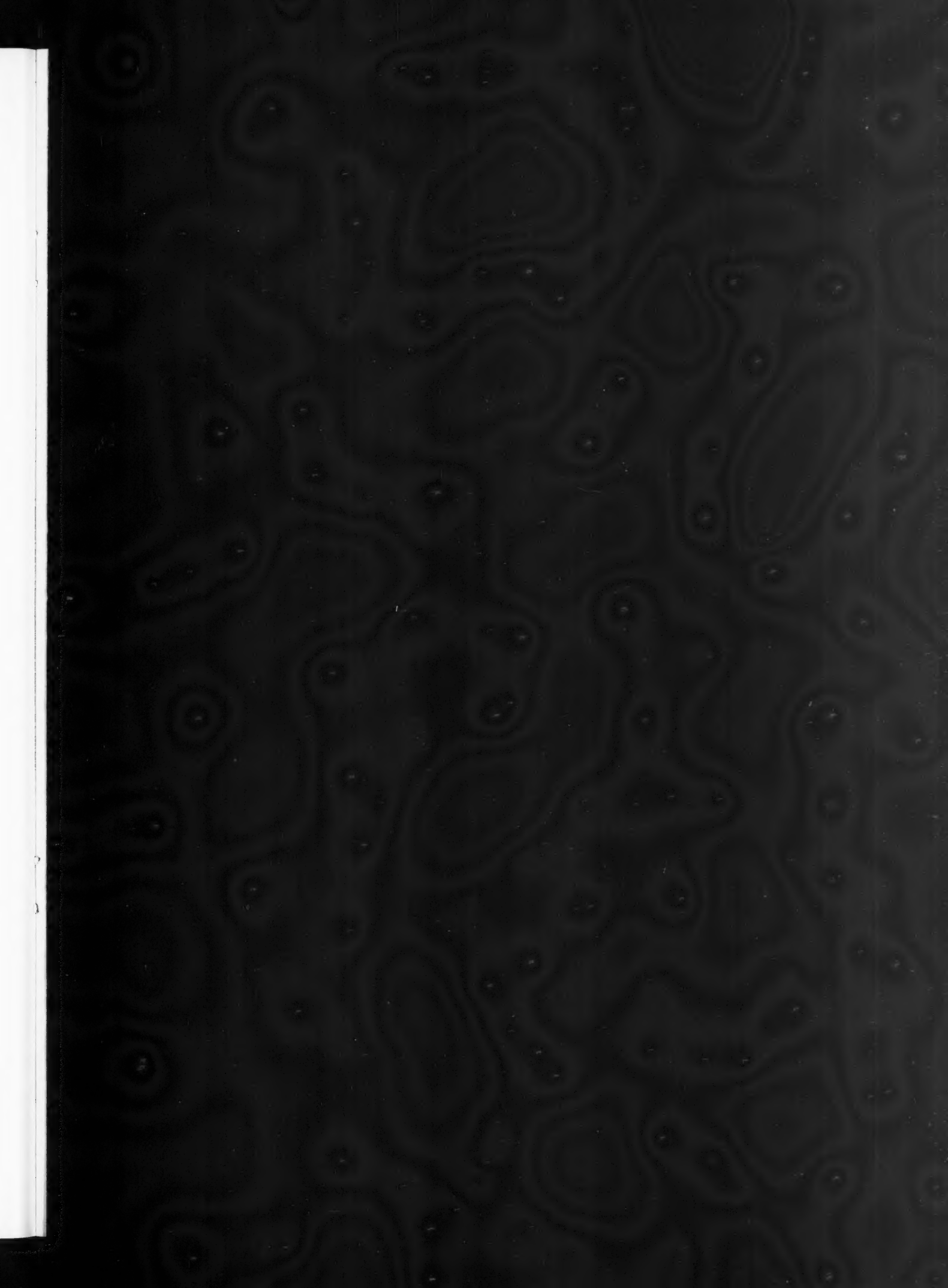
Tea was served in the nurses' residence, when Mrs. Thomas Ballantyne and Mrs. Fraser and assistants looked after the large number attending the tea.

The former graduate nurses of the hospital were on the platform and given honorable mention during the afternoon.

### The Surgeon

Now he begins: his fingers feel  
The tiny burning bit of steel;  
They move, obedient to a star  
Unseen by us; his sure hands are  
So swift that the swift hands of death  
Are held; there is one slender breath  
Between the two so delicate  
No calipers can measure it  
Save those he holds. I think there is  
No act so near to God as his.

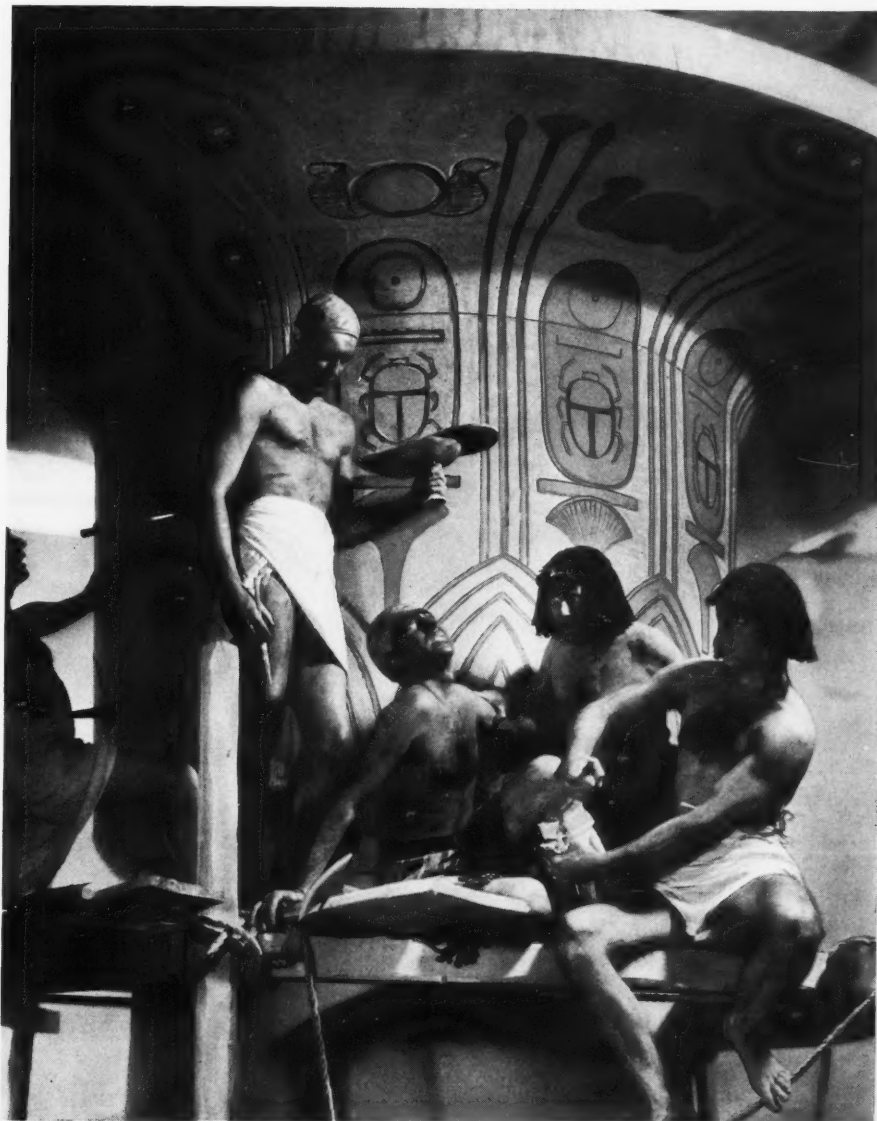
—Joseph Lesinsky.







S U T U R E S   I N   A N C I E N T   S U R G E R Y



**S**URGEONS of ancient Egypt were well advanced in knowledge of anatomy and wound treatment. The Edwin Smith Papyrus, though written nearly four thousand years ago and constituting the oldest medical work in existence, describes methods and appliances surprisingly modern. The cautery was known but seldom used. Wounds were approximated with adhesive plaster made from strips of linen and were closed with sutures.

## *D&G Sutures*

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*Dry*

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*with needles integrally affixed*

## Intestinal Sutures

**K**ALMERID plain or chromic catgut, celluloid linen or silk with Atraumatic needles in the several types indicated integrally affixed. Suture lengths: 36 inches for products 1342, 1352, 1372 and 1542; all others 28 inches.

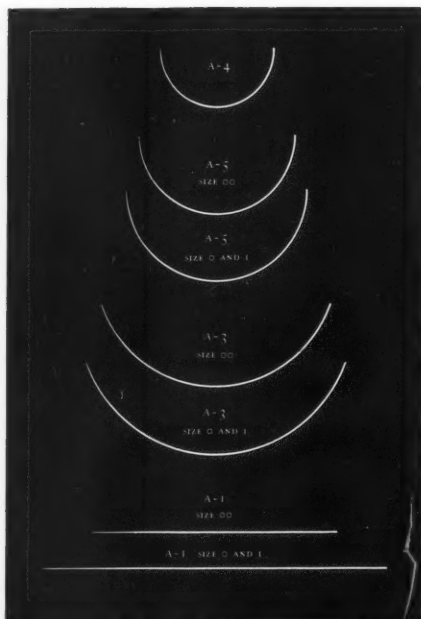
### BOILABLE VARIETY

#### Plain Catgut:

NO.	NEEDLE	DOZEN
1301..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1303.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1304.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1305.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20

#### 20-Day Chromic:

1341..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1342..TWO STRAIGHT NEEDLES..	A-1.....	4.20
1343.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1344.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1345.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20



## Intestinal Sutures

### Celluloid Linen:

NO.	NEEDLE	DOZEN
1351..STRAIGHT NEEDLE*.....	A-1.....	\$3.60
1352..TWO STRAIGHT NEEDLES*..	A-1.....	4.20
1354.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20

### Black Silk:

1371..STRAIGHT NEEDLE*.....	A-1.....	\$3.60
1372..TWO STRAIGHT NEEDLES*..	A-1.....	4.20
1374.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20

### NON-BOILABLE VARIETY

#### Plain Catgut:

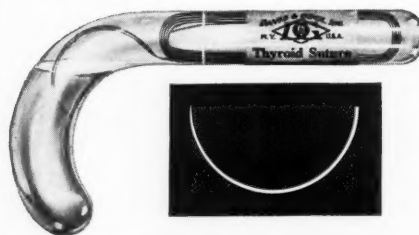
1501..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1503.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1504.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1505.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20

#### 20-Day Chromic:

1541..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1542..TWO STRAIGHT NEEDLES..	A-1.....	4.20
1543.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1544.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1545.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20

Sizes: 00 . . 0 . . 1, except \* 00 . . 0 only

In packages of 12 tubes of a kind and size

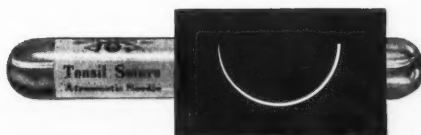


## Thyroid Sutures

**K**ALMERID plain catgut with half-circle taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1625..BOILABLE VARIETY.....	0
1635..NON-BOILABLE VARIETY.....	0

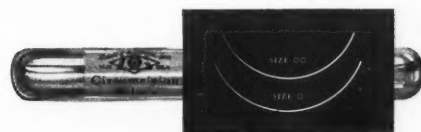
Package of 12 tubes of a kind . . . \$4.20



### Tonsil Sutures

**K**ALMERID plain catgut with sturdy half-circle, taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1605..BOILABLE VARIETY.....	O
1615..NON-BOILABLE VARIETY.....	O
Package of 12 tubes.....	\$4.20

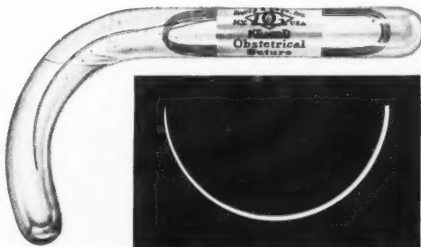


### Circumcision Sutures

**K**ALMERID plain catgut, three-eighths circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
605..BOILABLE VARIETY.....	OO, O
635..NON-BOILABLE VARIETY.....	OO, O

Package of 4 tubes \$1.20; per doz. \$3.60  
Also obtainable with eyed-type needles at same price



### Obstetrical Sutures

**K**ALMERID 40-day catgut with half-circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
655..BOILABLE VARIETY.....	2, 3
685..NON-BOILABLE VARIETY.....	2, 3

Package of 3 tubes \$1.20; per doz. \$4.20  
Also obtainable with eyed-type needles at same price



### Plastic Sutures

NO.	MATERIAL	SIZE	NEEDLE
1651..KAL-DERMIC.....	6-O...	3/8-CIRCLE,	B-1
1655..KAL-DERMIC.....	4-O...	1/2-CURVED,	B-2
1658..BLACK SILK.....	4-O...	1/2-CURVED,	B-2

### Eye Sutures

1661..BLACK SILK.....	6-O...	1/2-CIRCLE,	B-3
1665..BLACK SILK.....	4-O...	3/8-CIRCLE,	B-1
1666..PLAIN CATGUT.....	3-O...	3/8-CIRCLE*,	B-4
1667..PLAIN CATGUT.....	3-O...	3/8-CIRCLE,	B-4
1668..10-DAY CATGUT..	3-O...	3/8-CIRCLE*,	B-5
1669..10-DAY CATGUT..	3-O...	3/8-CIRCLE,	B-5

\* Double armed, suture length 12 inches

### Nerve and Artery Sutures

1670..BLACK SILK.....	6-O...	STRAIGHT,	B-7
1675..BLACK SILK.....	6-O...	STRAIGHT,	B-8
1678..BLACK SILK.....	6-O...	1/2-CIRCLE*,	B-3

\* Taper point

### Ureteral and Renal Sutures

1690..20-DAY CATGUT..	4-O...	1/2-CIRCLE,	B-3
1695..PLAIN CATGUT.....	4-O...	1/2-CIRCLE,	B-6
1698..20-DAY CATGUT..	4-O...	1/2-CIRCLE,	B-6

Package of 12 tubes of a kind . . . \$4.20  
Suture length 18 inches. Boilable.

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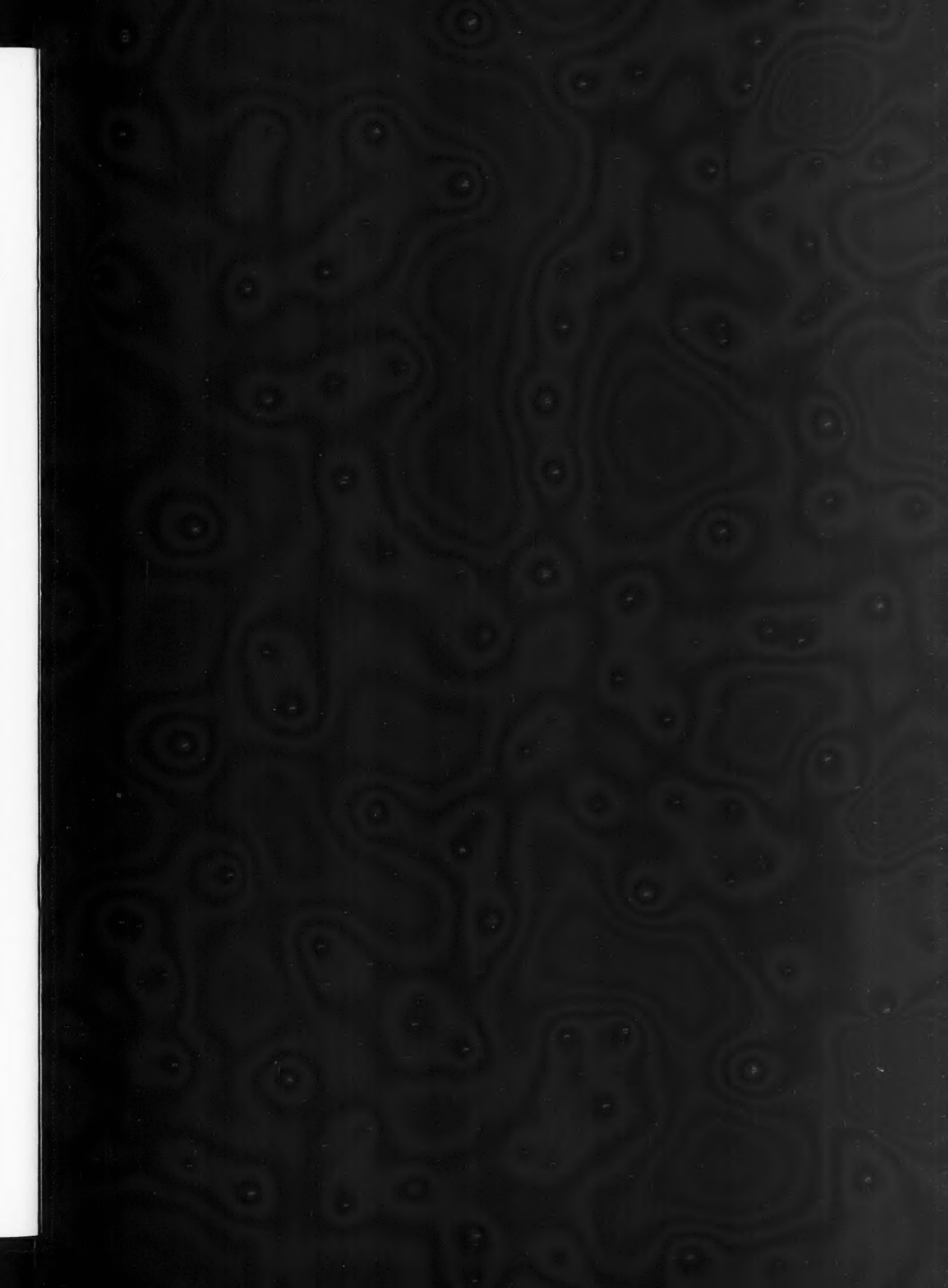


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## How Careful Nurses Can Save the Hospital Dollar

**H**OSPITALS are always keenly interested in obtaining information which will permit them to effect greater economies, and hospital workers, particularly supervisors, will be interested in a paper recently prepared by Sister Cyril of Colorado Springs in which she describes how twenty nurses may save a hospital at least \$4,200 in a year. This review of personal experiences was published in a recent issue of Hospital Management, and we are taking the privilege of reprinting excerpts from that article.

There are many ways in which a careful nurse can practise economy, and they will usually add to the comfort of her patient, rather than detract from it.

Let us accompany a conscientious nurse in her daily rounds and note the opportunities which she uses to prevent waste and destruction. She begins practising economy in her own room, for she takes care that the window is closed whenever she leaves for any length of time. Snow and rain destroy window sills and polished furniture. Electricity burns hospital money, so she puts out the lights with promptitude. As she goes on duty she notices lights along the corridors burning unnecessarily and makes it a point to put them out.

### Thoughtfulness in Small Things Adds Much to the Efficiency of the Nurse

Several patients, too, have lights they do not need. One patient calls her attention to a leaky radiator. She promptly reports this to the head nurse. An early repair prevents a ruined floor and ceiling.

It is now time to prepare the breakfast tray. Here our nurse is careful to make the tray attractive and to serve only those foods, and the amount of them which she is sure the patient will eat. She removes the butter from some trays, since these patients do not use it for the morning meal. Experience has taught her that undesirable food persistently served is an annoyance and often tends, by its unattractiveness to the individual taste, to lessen a patient's appetite for other dishes.

When preparing for the bath and morning care, precaution is used to protect the table from soap and alcohol. The special nurse who changes the entire bed twice a day does not add to the patient's comfort, but does add considerably to the hospital cost, both in the laundry and in the deterioration of material produced by unnecessary washing. Most hospitals supply daily—sheet, draw sheet, pillow case, bath towel, face towel and wash cloth, and under ordinary circumstances, this is ample for comfort.

Anticipation and close observation at regular intervals, the careful use of rubber sheets, pillows, and pads; the prevention of stains by cautious administration of medicines and the immediate removal of unavoidable stains are but a few of the precautions which our thoughtful nurse will exercise. The linens which are used injudiciously to dust or wipe up spilled material as well as stained linens are always objectionable and necessitate a new supply, resulting in an uncalled for extravagance.

*(Continued on page 25)*

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JULY, 1934

No. 6

## *The Attitude of Patients and Relatives to the Hospital*

AT a recent meeting of British Hospital Officers, a whole day was devoted to a Round Table Conference on the obligation of hospitals to patients and to the well-meaning friends and relatives who desire to express their good wishes by telephone or personal calls. Many interesting views were expressed and all agreed that the fundamental obligation of the hospital is to provide a service that will bring the patients back to the best physical condition in as short a time as possible.

Many people, it should be emphasized, have a prejudice against hospitals and consent to go usually as a last resort and only on the order of their physician. Their objection may be based on an unfortunate experience which a friend or relative has had in the hospital or financial inability to meet the hospital charges. This "resistance" must be overcome if hospitals are to gain the good will of the community, and if their services are to be utilized to the fullest extent.

The hospital's best advertisers are satisfied patients and visiting friends and relatives. An uncivil reply to a telephone enquiry or to visitors by a worker in a corridor, a sharp answer at the information desk or a thoughtless act by any one of a dozen people who may come in contact with patients or visitors will, as far as the individual is concerned, be a factor which forever classes that hospital as discourteous, hard-hearted and even mercenary. Hospitals should see that every employee is satisfied with his or her job, for one disgruntled or disinterested worker may affect the welfare of the entire hospital.

The paper given by Dr. Harold Shrimpton, of the Birmingham Children's Hospital, touched on the moral obligations of hospitals to patients and mentioned the

desirability of recovery rooms after operations, the necessity for rooms to which dying patients could be transferred, the admission of the urgent case and the necessity of tact in obtaining a post-mortem.

At our own hospital meetings there has been a great deal of discussion concerning the obligation of hospitals to patients and visitors. Last year at the Biennial Meeting of the Canadian Hospital Council in Winnipeg many of these problems were introduced in the report of the Committee on Public Relations. The published report of this committee offers many solutions to these problems and suggests the free discussion of these criticisms at conventions and board and staff meetings.

In facing these difficulties, we must realize that relatives are very often highly strung with fear and anxiety and that a sick person's grievance is usually seen through a high power microscope. Hospitals must not be intolerant but must always try to minimize the cause for any possible annoyance.

One hospital superintendent, who believed the complaints of patients nothing more nor less than the vagaries of sick people, was himself suddenly placed in the role of patient and forced to submit to the same conditions which gave rise to complaints in his hospital. Now he realizes that "He jests at scars, who never felt a wound!" After his personal experience the petty annoyances which had been the cause of so many complaints, assumed major significance and in his hospital these were reduced to a minimum and every employee has been trained to cultivate the good will of patients and visitors.



## *The Red Cross Again Provides Service in An Emergency*

ONCE more the Red Cross has grappled with an emergency. Finding that the famous Dionne "Quintuplets" and their parents of Corbeil, Ontario, were in need of many comforts, the Ontario Red Cross, through its Director, Doctor F. W. Routley and Assistant Director, Doctor W. S. Caldwell, have been in constant touch with the family doctor, Doctor A. R. Dafoe, and were the first to provide a nurse. They have also helped to furnish equipment and supplies necessary for the scientific care of the mother and infants, previously lacking in this pioneer community.

This is just another, and a very unique way in which the Red Cross has been able to serve our frontier citizens scattered in these sparsely settled portions of our northland.

If these children had been born 25 years ago they probably would not have lived, for at that time incubators, which have proven to be such life-savers, were just being introduced to our larger hospitals.

What a difference to-day! The little Dionne home resembles a well-equipped hospital, with its three nurses, five incubators, and with the special oxygen-carbon-dioxide tank—the latest device known to medical science for the development of babies' lungs, and the gift of an interested manufacturer of chemicals.

Doctor Dafoe, the physician in charge, has had a very arduous task, protecting the family from "outsiders",



which duties have given the doctor infinitely more worry and concern than even the medical care required to bring them all through safely. Not only has he had the difficulty of directing the feeding problem for these minute bits of humanity, so small that it looked very doubtful for many days if they could possibly live, but he has had to contend with a constant stream of reporters, "movie" operators, World's Fair concessionaires, touring curiosity seekers and others endeavouring by hook or by crook and, it is said, even for financial considerations, to have the babies paraded for their photographs. This is an aspect of professional care and of ethics not always appreciated by the public.

However, without the attendant press publicity, which has caused this difficulty, the incubators and other necessary equipment would probably not have been available. People who have lived their lives in cities and large towns where the doctor and nurse and hospital are no farther distant than the telephone cannot realize the isolation and handicaps of just such a family as the Dionnes, and of what inestimable value is the co-operation of the Red Cross in just such an emergency.



### Catholic Hospitals Train More Than One-Third of Nurses

A REVIEW of the Catholic schools of nursing in the United States and Canada, which appeared recently in Hospital Progress, brings to light many interesting figures of interest to Canadians. This analysis indicates that 74 of the 256 training schools in Canada, or 28.8% are under Catholic auspices. The pupils in Catholic training schools represent 36.2% of all student nurses, or 3,388 out of a total of 9,343 student nurses in Canada.

Catholic schools, on the average, are larger than non-Catholic schools with an average of 45.7 students as compared to 38.4 in non-Catholic schools.

In the United States Catholic schools of nursing represent one-fifth (21.3%) of all schools of nursing, while in Canada they number 74, or 28% of the general field.

In Canada the patient-to-student ratio in Catholic hospitals with training schools is 3.5 while in the United States the ratio is 2.7.

It is interesting to note that slightly less than one-quarter of all the Catholic schools, namely those having a student census between 50 and 125 student nurses contain 50% of all student nurses.

A further point of interest is the number of non-Catholic students in Catholic schools of nursing. The survey reveals that the average number of non-Catholics per school is greater than the average number of Catholic students—the non-Catholic students representing 56% of the total.

This review of nursing education indicates that the standard in Canada compares favourably with the standard in the United States. The data for both countries indicates that the technique of admission has been greatly improved, affiliation extended, nursing and instructional staffs increased and that the Canadian schools of nursing have co-operated to reduce nurses' unemployment, by limiting the number of students.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

BROCKVILLE, ONT.—Ground has been broken at the site of the new boiler house to be erected north of the skating and curling rink at the Ontario Hospital and some 25 men are engaged in the work which will be completed as rapidly as possible.

A road is being constructed from the township road, which runs northward along the west side of the hospital property and by which entrance will be gained to the scene of the new building.

The power plant at the hospital has been considered more or less obsolete for some time and the past severe winter caused quite a strain on the heating apparatus, now to be replaced by modern equipment, which will be housed in the new building.

\* \* \*

CALGARY, ALTA.—The Imperial Oil Co. Limited recently presented to the General Hospital here a modern obstetrical table.

The employees of the company donated a 16 m.m. moving picture projector to the crippled children's unit of the University of Alberta Hospital at Edmonton.

\* \* \*

DRUMHELLER, ALTA.—At a recent meeting of the Drumheller Municipal Hospital Board, it was decided to engage a dietitian on the regular staff, the position for the present to be on a three months' trial basis. An application has been received and the new dietitian will shortly commence her duties.

\* \* \*

HAMILTON, ONT.—Miss Constance Brewster has been appointed superintendent of nurses of the Hamilton General Hospital. Her salary will be retroactive to the time of Miss Rayside's retirement.

\* \* \*

HAMILTON, ONT.—The Hamilton Health Association Board met recently to further consider the construction of a \$60,000 addition to the Mountain Sanatorium kitchen wing. The Provincial Government has agreed to make a grant. Preliminary work has been started by Contractor W. H. Cooper. It is reported that construction will be done on a plus-cost basis.

\* \* \*

HAMILTON, ONT.—The Civic General Staff Association met recently and discussed the working conditions of city employees, especially those at the General Hospital. It was decided to endeavour to secure shorter hours at higher pay for orderlies and ward maids. The laundry staff, about whom there has been so much discussion lately, come under the Minimum Wage Act.

*Col. Charles McMane, M.D., Superintendent of Christie St. Hospital, Toronto, for the past 13 years, who has been temporarily transferred to Westminster Hospital, London.*



LONDON, ONT.—Subscribers to the Victoria Hospital are having refunds made to them of the amounts they paid in. Since the building programme for the new hospital was not carried out, cheques were mailed to the donors, thus indicating that the campaign has been abandoned.

\* \* \*

LONDON, ONT.—A new surgical pavilion, estimated to cost between \$50,000 and \$60,000, may be built this year at Queen Alexandra Sanatorium.

The scheme has been seriously discussed by the Board of Directors, and approval is said to have been given to certain aspects of the plan.

It would provide for every modern facility for surgery at the sanatorium, and is believed to be strongly favoured by the medical profession.

A major programme for future development of the institution has been worked out, but the surgical building will be the first step, it is learned.

\* \* \*

LONDON, ONT.—Victoria Hospital Trust on May 26th voted to engage the same sized intern staff for the 1934-35 term as is at present employed. This means that four seniors and eight juniors will be on duty, instead of the four seniors and six juniors previously contemplated.

Faced with the announcement of medical men and university officials that the reduction would impair efficiency,

the trustees by a three-one vote decided that the earlier "economy measure" cutting the number of interns should be abandoned, and the present number continued. Reduction of the intern staff by two would have meant a \$600 saving through the year, the discussion revealed.

Victoria, it was pointed out, had the lowest number of interns in ratio to beds of any teaching hospital in the province. Toronto General's ratio was one intern to 20 beds, St. Michael's one to 25, Hamilton, one to 30, and Victoria, one to 33.3. In addition reduction in the number would mean a hardship to two of the men, previously picked for the junior posts.

Intern costs, it was shown, had dropped from \$6,500 to \$4,800 in three years.

\* \* \*

MONTREAL, QUE.—It was announced at the Notre Dame Hospital that Dr. Donatien Marion has been appointed chief of the department of obstetrics, replacing Dr. A. E. R. De Cotret, who resigned the post some time ago. Dr. J. F. Houle, chief of the department of anæsthetics and Dr. E. Langlois, chief neurologist, have been elected members of the medical council.

\* \* \*

MONTREAL, QUE.—Tribute was paid to a pioneer in nursing education in Canada with the unveiling in Montreal on May 21st of a tablet in memory of Miss Flora Madeline Shaw in the school for nurses of the Montreal General Hospital. The tablet given by the Alumnae Association of the school, was unveiled by Miss E. Frances Upton, president, and dedicated by Canon W. H. Davidson.

Two sisters, Mrs. (Dr.) T. W. Beeman and Miss Kathleen Shaw of Perth, were among the large gathering which included heads of hospitals and public health organizations and representatives of the medical profession and of interests connected with nursing and nursing education.

\* \* \*

NIAGARA ON THE LAKE, ONT.—"Happyland Camp" Committee is arranging for the erection of several more permanent cottages on their grounds on the lake shore, thus enabling them to give a larger number of tubercular veterans and their families the benefit of a holiday in this most healthful spot.

\* \* \*

ORILLIA, ONT.—Miss Olive Watterman has been appointed superintendent of the Soldiers' Memorial Hospital, on the resignation of Miss Hazel I. Cave. Miss Watterman, formerly superintendent of the Lady Minto Hospital at Cochrane, Ontario, assumed her new duties July 1st.

\* \* \*

PICTON, ONT.—Miss Victoria J. Carson is the new superintendent of Prince Edward County Hospital, and will report for duty July 1st. She is a graduate of the Niagara Falls General Hospital and has been on the staff of that institution since 1922, for the last nine years as assistant superintendent.

Miss Laura J. Gaden, who is resigning, plans to take several weeks' holidays and then resume her hospital work when a suitable opening occurs.

\* \* \*

PORT ARTHUR, ONT.—Work has commenced on a stone memorial which is being erected on the grounds of St.

Joseph's General Hospital as a permanent memorial to mark the 50th anniversary of the founding of the institution. The memorial will be unveiled at a public ceremony to be held July 3, in connection with the civic ceremonies being held July 1-4 to mark the semi-centennial anniversary of the city of Port Arthur.

Numerous plans are under way for observing the golden jubilee of St. Joseph's Hospital among which is a Pontifical High Mass in St. Andrew's Church to be held Monday, July 2, at which the celebrant will be Rt. Rev. Bishop Scollard, assisted by other clergy who are expected to visit the parish for the occasion. A dinner to be held under the auspices of the Ladies' Aid of the hospital has also been planned to strike a social note in the anniversary festivities of the historic institution, when the numerous friends of the hospital will join with the Sisters of St. Joseph in their celebration.

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## News of Hospitals and Staffs

(Continued from preceding page)

SARNIA, ONT.—The appointment of Miss Madeline Tree, of Hamilton, as supervisor of the obstetrical ward of the Sarnia General Hospital has been confirmed by commissioners of the hospital. Miss Tree is a graduate of the Hamilton General Hospital. The appointment, which has been under consideration for several weeks, is in line with the commission's policy aiming at standardization.

\* \* \*

ST. CATHARINES, ONT.—Three bronze plaques, which commemorate the names of the larger contributors to the General Hospital Campaign of 1926, were recently unveiled. Morton A. Seymour, representing the Board of Governors, presided at the ceremony.

\* \* \*

SMITH'S FALLS, ONT.—Approximately 700 mental defectives in Ontario who cannot be taken care of at existing institutions owing to lack of accommodation, will be taken in at the new institution to be established at Smith's Falls.

The building will be established on the unit system followed at Orillia and will handle cases of the same nature.

\* \* \*

SUMMERSIDE, P.E.I.—Miss Florence Lavers, Georgetown, P.E.I., has been appointed superintendent of the Prince County Hospital here, succeeding Miss Lillian



Sir Frederick G. Banting. His Majesty, the King, in his Birthday Honour List, announced that the world-famous discoverer of Insulin had been knighted.

Pidgeon, retired. Miss Lena Clark, night superintendent, has been appointed assistant superintendent.

\* \* \*

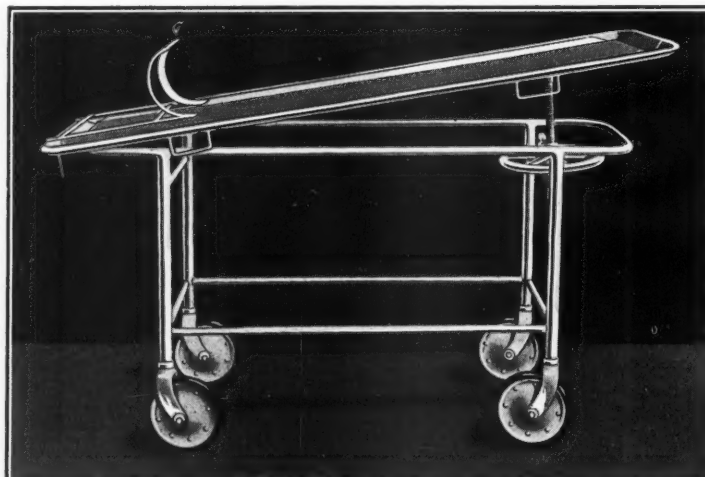
TIMMINS, ONT.—The town council of Timmins has requested the Hon. J. M. Robb, Minister of Health, that

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the proposed construction of a \$6,000 addition to St. Mary's Hospital, be done by relief labour.

\* \* \*

TORONTO, ONT.—A service of dedication of Bibles for Toronto hospitals was conducted by the Canadian Gideons early in June at the Royal York Hotel, at which Mayor Stewart gave a short address.

\* \* \*

TORONTO, ONT.—Mayor Stewart has been informed by Secretary J. A. Ellis of the Unemployed Relief Department of the Ontario Government, that the Province was willing to contribute one-third of the labour cost of the construction of buildings by the Western, Grace, St. John's and Mount Sinai Hospitals. The estimated contribution is \$141,000.

\* \* \*

TORONTO, ONT.—The first sod of the ground on which the extension of the Women's College Hospital on Grosvenor Street is to be erected was turned by Mrs. A. M. Huestis on June 4th. The ceremony was simple. The guests were received by Mrs. Huestis, president, Miss Harriet Meiklejohn, superintendent, and Dr. Edna Guest, chairman of the medical staff. A bouquet of flowers was presented to Mrs. Huestis by the medical staff.

The extension will not be devoted to any one special branch of medicine but will have segregated wards for medicine, surgery, gynaecology, obstetrics, nose and throat and eye work.

\* \* \*

VANCOUVER, B.C.—The new Crippled Children's Hospital has just been opened. This commodious structure has been furnished through the support of various organizations and contains many excellent features such as play-room, library, swimming tank and an observation room. It is situated in a restful and healthful location overlooking the Fraser River.

\* \* \*

VEGREVILLE, ALTA.—The General Hospital is building an extension to the nurses' home at a cost of about \$7,000.

\* \* \*

VERDUN, QUE.—The mayor of Verdun has won his battle against the granting of \$240,000 to the community of the Sisters of Charity of Montreal for operation of the Verdun General Hospital, but the institution will be in charge of the nuns and it will be exempt from municipal taxes.

The council was informed that the community of nuns had expressed their willingness to operate the hospital without the grant provided they gained exemption from water and property taxes. This was agreed to, and taxes amounting to \$3,268, now due, will be written off; future payments will be made at the nominal rate of \$25 per year; and as far as possible the city's indigent sick will be sent to the institution.

\* \* \*

WELLAND, ONT.—A fine new ambulance was recently donated to the Welland County General Hospital, by the Welland Lion's Club.

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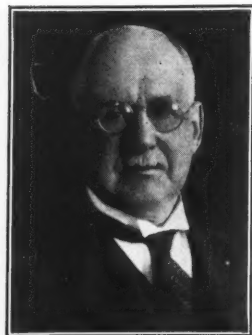
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## The Doctor, as a Safety Man in Industry, Performs Important Role



A. W. Haldimand, M.D.

**T**HAT accident prevention in industrial plants is rapidly becoming established was eloquently shown in an address by A. W. Haldimand, M.D., Medical Director of the Northern Electric Company, Limited, before a record attendance at the Sixth Annual Conference of the Quebec Association for the Prevention of Industrial Accidents, held in Montreal recently.

Dr. Haldimand was well qualified to address such a

Convention, as he has been in industrial medical work since 1896, when he was invited by Mr. T. C. Davidson, of the Davidson Manufacturing Company, to become their medical officer to treat accidents which occurred in their plant, and later was engaged as surgeon on call by other industrial firms. It was not then the duty of the medical officer to recommend methods of *prevention*, and warning of the employees against carelessness was as far as the doctor was allowed to go in the conduct of the plant.

By and by, however, a change in the attitude of mind on the part of large industrial firms became apparent and "Safety First" signs began to appear in workshops, street cars and other public places where workers were likely to congregate, and so the need for caution and the *prevention* of accidents gradually became generally accepted. An ounce of prevention was found to be worth a pound of cure, and managements presently became interested in the subject. So much so indeed that when in 1918 Dr. Haldimand became Medical Director of the Northern Electric Company, Limited, he was given a free hand in accident prevention. The first move was to watch employees at work on machines to see that they exercised proper care in their operation, and when an accident occurred to visit the scene and ascertain if the proper guards were in position, and if not a recommendation to the management soon resulted in the installation of such preventive measures as would preclude the possibility of a recurrence of the accident, provided the rules were properly observed.

Periodical inspection of workshops, shipping rooms, warehouses, offices and power house, became part of the Medical Director's duties. It took some time to get the personnel into the habit of thinking for themselves along the idea of safety first, but to-day as a result of constant effort on the part of those in charge of plant operation, and of the constant pictorial warnings which are carried by every bulletin board, accident prevention is considered by one and all as an essential part of efficient work.

A number of first-aid classes have been formed among the employees, and many have passed qualifying tests that reflect great credit on the company.

The Northern Electric centre of the St. John Ambulance Association, was formed in 1928 for the purpose of training employees of the company in first aid to the injured. Seven employees are qualified as instructors, and to date have trained 100 classes in first aid, with the result that approximately 1,600 awards have been issued to 800 employees in Montreal and Toronto.

Instruction in first aid is given to both male and female employees, and the female employees are also given the privilege of taking a course in home nursing. In the home nursing training, one of the nurses attached to the firm's Red Cross department, acts as instructor, and has conducted eight classes, in which over 100 employees were trained and received a certificate from the St. John Ambulance Association.

It is interesting to note that during the first four years most of the applications were from employees in the shop and on construction work in Montreal, but interest has rapidly spread throughout the company and now a large percentage of the office members and men in staff positions are first aiders.

### New Staff System Inaugurated at Hamilton

The recommendations of the advisory council of the Hamilton, Ont. Hospital Board were passed without discussion or amendment by a special meeting of the board.

The new hospital staff will be divided into ten sections, with a head of each department and two heads of the surgical section. These men will all be on the medical council, which will elect its chairman before the next board meeting.

The staff appointments to department offices approved at the meeting are as follows: General medicine, including psychiatry, Dr. J. A. Bauer; general surgery, service (a), Dr. J. K. McGregor, service (b), Dr. J. R. Parry; obstetrics, Dr. D. G. McIlwraith; pediatrics, Dr. C. Carter; eye, ear, nose and throat, Dr. J. P. Morton; gynecology, Dr. W. Bethune; pathology, Dr. W. J. Deadman; radiology, Dr. A. E. Walkey; dentistry, Dr. F. P. Moore, and out-patients, Dr. F. S. Harper.

The duties of the chiefs of services, who come under Dr. Walter Langrill, superintendent of the hospital, will include full responsibility for the proper care of patients under their service; direction and supervision of assistants, interns and associates in the department; departmental organization; recommendation to the medical board annually of assistants for his department, except in the departments of pathology and radiology; public ward duties; clinics, demonstrations and lectures for interns; assistance in the outdoor department where necessary and assistance in the education of nurses.

The new staff organization provides for 16 junior interns and seven senior interns. The junior interns will be on a rotating service.

## How Careful Nurses Can Save the Hospital Dollar

(Continued from page 17)

She then goes to the service room to care for the utensils she has been using, drying them thoroughly to prevent destructive rust and stains. The sterilizers, expensive hospital equipment, are important objects of interest. She makes sure that there are no possibilities of their boiling dry—instruments and other equipment are given proper care and are prepared for sterilization in the autoclave. Bacteriologists to-day tell us this is the safest and best method. Dry sterilization also prevents such accidents as burning catheters and rubber tubing and the breaking of glassware.

Two dripping faucets attract attention—one she turns off tightly, the other needs repair and she reports it at once, for dripping faucets increase water bills.

Assisting the doctor with surgical dressings is the next duty which awaits her. She uses only the amount needed, preventing unnecessary waste. The extravagant use of gauze readily runs into money. With forethought she has prepared special dressings for drainage cases and has the adhesive in lengths ready for use. So much waste is caused when strips are longer than necessary. In making up solutions, too, she is careful to prepare only the amount required.

As she prepares the mid-day meal and indeed, in serving all trays, the same precaution is observed as at breakfast and amounts are measured in accordance with the patient's needs and desires.

After turning out all unnecessary lights in diet kitchens, bath rooms, etc., the conscientious nurse reports off duty, not realizing, perhaps, the amount of money and of time, which she saved the hospital in a single day by her thoughtfulness and interest.

### Consider the Sum Total of Economies Practised Throughout the Year

Let us briefly sketch in dollars and cents an estimated sum total to which economy practised in this manner might amount.

First, refinishing of the damaged sill resulting in an open window would probably cost 20 cents. Turning out the light which might have burned uselessly several hours would amount to 4 cents, and the turning out of other lights that are not needed at the time, might save 4 cents. The prompt repair of a leaky radiator or faucet saves possibly 20 cents. Let us add 10 cents saved by observing the trays.

In these few items, we find total of 58 cents per day. Let us suppose that 20 nurses save this amount for a hospital day. A little multiplication gives us the astounding amount of \$4,234 for 365 days as the total of this combined effort at conservation for a year.

And to this the less frequent saving where care prevents the destruction of valuable articles and equipment, such as sterilizers, or where the timely repair of a radiator prevents a flooded room, and we realize what an asset to her hospital is the nurse who has the good judgment and the interest to be economical; what a real detriment is the one who is careless and wasteful.

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Happiness is a perfume you cannot pour on others without getting a few drops on yourself.—Emerson.



## The Duties of a Nurse in the Preventive and Curative Treatment of Tuberculosis

(Continued from page 5)

The sanatoria from the keystone of the accomplishments in combating tuberculosis and the secret of their success is in the segregation of open infective cases from the homes of the poor in which usually a very high percent of child contact exists.

The Anti-tuberculosis Association is a community interest to which the general hospitals may contribute by their health teaching and co-operation. As yet our achievements are not great but we are convinced that we have entered a field full of possibilities through social service and public health work. Do we realize that this work for the community and humanity offers us many golden opportunities of reaping a fruitful harvest for time and eternity? God is so set on having us regard the needs of all mankind as a compelling call to our pity and generosity that He has made all the motives of human conduct, even those of selfishness and gain, bear in some way, upon mercy and charity and social service. This brings us to the question of the nurse's personality. Her individual character is going to mark the degree of her success. Wisdom and knowledge are two great gifts of the soul, but necessary as they are to the progress of medicine they would be incomplete without charity.

Trudeau was a charitable man, he placed study, discovery and service above material gain. We have been considering the nurse in the preventive and curative treatment of tuberculosis, taking part in a world made possible by service in which beauty shall reign because health shall prevail rather than disease, because people are kind, skilled and eager to follow where others follow the example of Him who said, "I am among you as one who serves." The life of the nurse will be replete if she faithfully performs those noble and gracious deeds for suffering humanity in a spirit of unselfish service, patience and charity. The sunny disposition will give the touch of human brightness; thoughtfulness and fidelity to little things will enkindle fresh courage in the wearied heart.

Supreme loyalty, compassionate kindness, the most self-sacrificing service, scientific efficiency and a cautious but eager progressiveness, intelligent love and enthusiasm for work, these alone can satisfy the greatest of our ideals, the soul of nursing. Truly does service of one's neighbour become a lucrative charity when no most hidden kindly thought or prayer and no tiniest deed of goodness escapes the divine discovery and divine recompense. The miseries of suffering humanity are the distresses of God.

### Clinton W. Stephens Dies at Toronto

Clinton W. Stephens, secretary and vice-president Canadian Feather and Mattress Co. Limited, Toronto and Ottawa, passed away on June 15th at his country home, "Ardeen", Kingston Road, Toronto. He was in his 56th year.

Mr. Stephens had taken an active part in the business life of Toronto for the past 30 years. He was a member of the Toronto Board of Trade, the Canadian and Empire Clubs, the Kiwanis Club and the Scarboro Golf Club. Mr. Stephens for years took a keen interest in the community life of Scarboro.

## Obituary

### Dr. John J. Walker

Dr. John J. Walker, Montreal, for many years associated with the Royal Victoria Hospital, died on May 4th in his 61st year.

Dr. Walker was born at Ormstown, Que. He studied medicine at McGill and entered private practice upon graduation. His association with the Royal Victoria began in 1914 and he took a particular interest in the clinics at that institution.

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### Dr. L. de L. Harwood

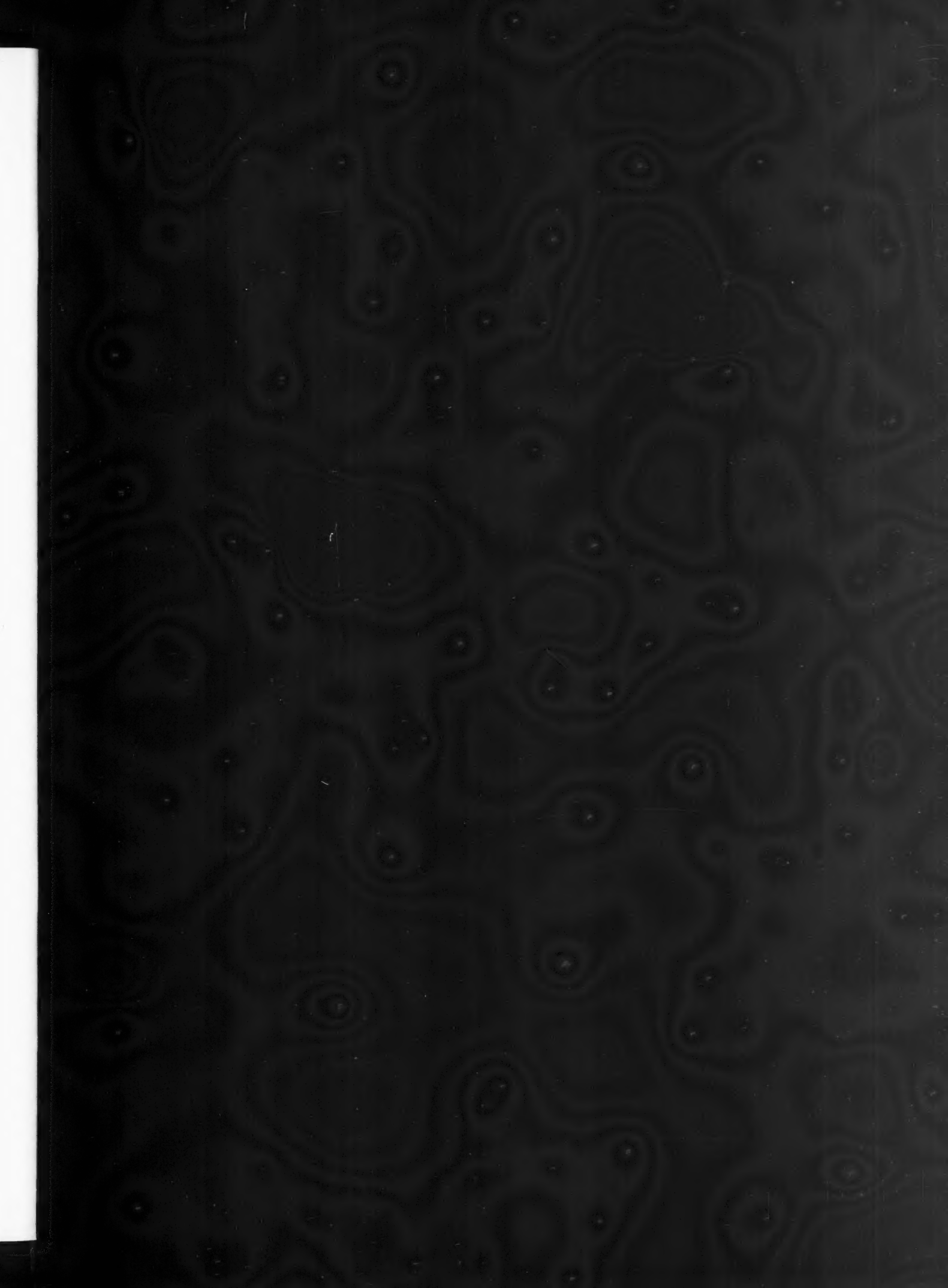
The death took place on May 15th of Dr. Louis de Lotbiniere Harwood, LL.D., dean of the faculty of medicine of the University of Montreal. A public spirited man and a great educationist, Montreal will recognize and appreciate what he did to further the city's interests.

Dr. Harwood was dean of the faculty of medicine and professor of Gynaecology at the University of Montreal; superintendent of the University Council; president of the Administrative Bureau of the Notre Dame Hospital; president of the Radium Institute; corresponding secretary of the Surgical Society of Paris; vice-president of the Royal College of Medicine in Canada; vice-president of the Association of French-speaking Doctors of North America; a Fellow of the American College of Surgeons, a member of the General Board of Examiners; president of the Medical Union of Canada; vice-president of the Cercle Universitaire; an officer of the Legion of Honour of France.

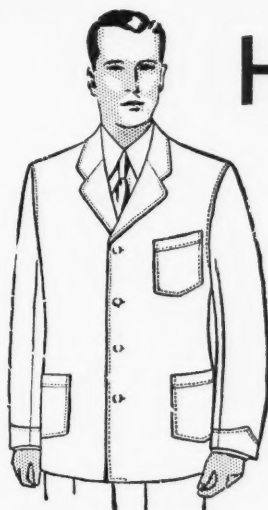
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Style No. 113-79

**House Doctor's Coat**

Made of bleached drill, this coat is neat and serviceable. It has the lay-down collar, three pockets, detachable buttons and pointed cuff on sleeve. Price for the coat, \$24.00 per dozen. Pants to match, \$24.00 per dozen.

# Hospital Apparel

to Suit

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Made of the best quality bleached shirting, our No. 65. Price \$18.00 per doz.

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**SURGEON'S OPERATING GOWN**

A full-length gown with plain front, standing collar and full-length sleeves. Closes down the back with tie tapes, and with long belt stitched on front to tie at back. Can be furnished with knitted cuffs which fit closely and easily into the rubber gloves.



Style No. 431

**NURSE'S OPERATING GOWN**

Full-length gown with plain front, neat turn-over collar and full-length sleeves. Closes down back with tie tapes, and with long belt stitched on front to tie at back. Can be furnished with knitted cuffs which fit closely and easily into the rubber gloves.



Style No. 442



**SURGEON'S OPERATING COAT**

Style No. 132

Made of Bleached Marble Head, closed down front with tie tapes. Price \$15.00 per doz.

**Prices on Operating Gowns**

Material Number	Description	Per doz.
99	Best Quality Unbleached Sheeting	\$12.00
58	High Quality Bleached Sheeting	13.00
56	Best Quality Bleached Marble Head	15.00

Above prices are for regular cuffs. If required with knitted cuffs add \$1.00 per doz.

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**SURGEON'S OPERATING PANTS**

Style No. 311

Made of Bleached Marble Head, pyjama style, draw tape at waist. Price \$15.00 per doz.

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All garments unconditionally guaranteed, as to both workmanship and material.

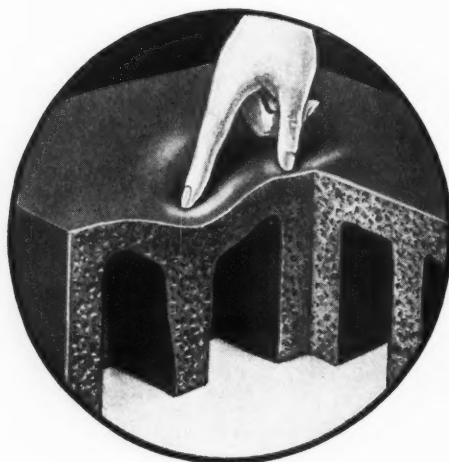
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"DUNLOPILLO" Cushioning is proving a boon in the operating room as well as in the ward.

Apart altogether from the greatly added comfort they give, "DUNLOPILLO" Cushions are very light and therefore easy to handle. Their cellular nature, which permits them to breathe through millions of tiny cells, keeps them cool. They will not sag nor pack, always regaining their original shape as soon as weight is removed.

The value of this new material in easing suffering and bringing new comfort to sufferers in hospitals is hard to overestimate. "DUNLOPILLO" Operating Table Pads, Mattresses, Seats and other forms of "Cushions without springs" are made in Canada *exclusively* by the DUNLOP Tire & Rubber Goods Co., Limited. Write for full information to "DUNLOPILLO" Products Division, Toronto.

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